The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Bealth Bepartment, City of Baltimore.
Permit No. A. 3 /. Office of Regionary of Statistics. Ward
The Physician who attended any person in a last iting still responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the part it, within the hours after the death of said deceased, or sooner, if
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CDD THE CHARLES EATH
CERMFICATE DEATH.
Date of Death, / Way 24
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the resid not }
Age, Years, Months, Days.
Color, /// /ntl
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, // / // //
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, & S
Place of Death, {Give Street and }
Cause of Death, Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Synty. et. cers
Date of Burial, // (2019 29 1887)
JUndertaker, SANDER & SONS, Medical Attendant, M. D.
Place of Business, In 1781 & 1786 CHENTER Address, All

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

he Special Attention of Physicians is Respectfully Invited to the Re-	marks Below, and to List of Diseases on Eack of this
Board of Head MPC	Ahren Baltimore,
The Physician who attended any person on that there is respect, to the Undertaker or other person superintending the buriet.	onsible of the presentation of this Certificate, accurately filled him then four hours after the death of said decrased, or sooner,
No Permit for No Permit for No.	ED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE	OF DEATH.
Date of Death, May De	3 The 100
$Full \ Name \ of \ Deceased, \left\{ egin{array}{ll} ext{Write legib.y and spell} \ ext{correctly.} & ext{If an Infant} \ ext{no' named, give names} \ ext{of parents.} \end{array} ight\}$	ragge source
Octo, 112000 or 2 or otto of [required in this mast.]	Months, Days,
Age, Me Years, 6 Color, Years	2
Married, Single, Widow or Widower, Cross out the word	not fingle
Occupation,	me -
Burthplace, {State or country, and now } long in the United States, }	ela. Time
Duration of Residence in the City of Baltimore, Place of Death, {Give street and }	f. Dallas II-
First, (Primary,)	
Cause of Death, Second, (Immediate,)	nonless
Duration of Last Sickness,	realist E
Place of Burial, Mangelical a	19 Sicon by
Undertaker 10. (Samuel Sinster	Medical Attordant
Place of Business, 1910 (Calleton an)	Address, MISSON
Extract from Regulations of the Board of I Vital Statistics in th	e City of Buttimore.
SECTION 2. And be it further enacted and ordained, That	whenever any person shall die in the said city, it shall be the du

of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and

the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certifica

Permit No. Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illies, is responsible for the presentation of this Certificate, accorately filled one to the Undertaker or other person superintending the burial, within twenty on nows after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burian and Charles Without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, /MU/J Cot / 8 3 1
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } required in this lines }
Age, Years, Months, / Days
Color, While
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, State or country, and how long in the United States, I I S Survey of the United States,
Duration of Residence in the City of Baltimore, Line Com
Place of Death, {Give Street and } // 3 Sence Square
Cause of Death, Second (Immediate), Mentagy
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Holy Cross
Date of Burial, May 28th
(Undertaker, H. C. Wiedefeld Medical Attendant M. D.
Place of Business, 916 Green mit Address, 31
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business,

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

The Physician who attended any person in a last illness, is a secondarily for the presentation of this Certificate corrections superintending the burial intentifier four to the person superintending the burial intentifier four to the person of said deceased, or sooner, if squested so to do, under penalty of law. **CERTIFICATE OF DEATH.** **Date of Death,** **Grand Part of Deceased, correctly. If an Infant not named, given names of present of parents. Sex. Male or Female, (Cross out the word not) and spell control of parents. Sex. Male or Female, (Cross out the word not) and spell control of parents. Sex. Male or Female, (Cross out the word not) and spell control of parents. Single, Widow or Widower, (Cross out the words not) and spell control of parents in the United States. Single, Widow or Widower, (Cross out the words not) and this line. Single, Widow or Widower, (Cross out the words not) and this line. Single in the United States. Single in the United	- 25
The Physician who attended any person in a last illus, ignesponsible for the presentations of the Certificate, accurately silled out, the Undertaker or other person superintending the burial safety peoply four hours. To per death of said decessed, or sooner, if quested so to do, under penalty of law. No PERMIT FOR BURIAL CAN BE OBTAINED WHOUT A THOPER CERTIFICATE. CERTIFICATE OF DEATH. Oute of Death, White legibly and spell person in the City of Bultimore, for parents of persons. Ser. Male or Female, {frequired in this line.} Age, Years, Golor, Married, Single, Widow or Widower, {frequired in this line.} Occupation, Birth Place, long in the Under States, long in the Understates, long in the Understate	Bealth Department Ontre Baltimore.
CERTIFICATE OF DEATH. Date of Death, Full Name of Deceased, (write legibly and spell or receive, If an Infant) or manel, give name. Sex, Made or Female, (conso out the word not required in this line.) Age, Years, Golor, Married, Single, Widow or Widower, (cos out the words not required in this line.) Doccupation, Birth Place, (state or country, and how long in the United States) Duration of Residence in the City of Baltimore, Place of Death, (Give Street and Sumber.) Cause of Death, (First (Primary), Second (Immediate), Duration of Last Sickness, All the above information sloud be furnished by the Physician. Place of Burial, Outdown Park Undertaker, Jeorge Lewis ach) Place of Business, (Will Death of Park) Place of Business, (Will Death of Park) Address, Hy Maddius ave Place of Business, (Will Death of Park) (Windertaker, Place of Business, (Windertaker, (Windertaker, (Windertaker, (Windertaker, (Windertaker, (Windertaker, (Windertaker, (Windertaker, (Windertaker,	A 35 Office of Rough range Witab State tics.
Date of Death, Write legibly and spell correctly. If an Initial Source of Deceased, or Ser, Male or Female, (Cross out the word not) of parents give names of parents give name	NO PERMIT FOR BURIAR CALL DE
Age, Years, Golor, Widow or Widower, {Cross out the words not} Occupation, Birth Place, {State or country, and how for the United States, or Color of Baltimore, or Cause of Death, {Give Street and Number.} Cause of Death, {First (Primary), Occupation of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Soundard Park June of Burial, Second (Immediate), All the above information should be furnished by the Physician. Place of Burial, Soundard Park June of Burial, Second (Immediate), All the above information should be furnished by the Physician. Place of Burial, Soundard Park June of Burial, Second (Immediate), Address, Glambard Address, G	· CERTIFICATE OF DEATH.
Age, Years, Golor, Widow or Widower, {Cross out the words not} Occupation, Birth Place, {State or country, and how for the United States, or Color of Baltimore, or Cause of Death, {Give Street and Number.} Cause of Death, {First (Primary), Occupation of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Soundard Park June of Burial, Second (Immediate), All the above information should be furnished by the Physician. Place of Burial, Soundard Park June of Burial, Second (Immediate), All the above information should be furnished by the Physician. Place of Burial, Soundard Park June of Burial, Second (Immediate), Address, Glambard Address, G	Date of Death, May 18
Age, Years, Golor, Widow or Widower, {Cross out the words not} Occupation, Birth Place, {State or country, and how for the United States, or Color of Baltimore, or Cause of Death, {Give Street and Number.} Cause of Death, {First (Primary), Occupation of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Soundard Park June of Burial, Second (Immediate), All the above information should be furnished by the Physician. Place of Burial, Soundard Park June of Burial, Second (Immediate), All the above information should be furnished by the Physician. Place of Burial, Soundard Park June of Burial, Second (Immediate), Address, Glambard Address, G	Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Married, Single, Widow or Widower, {Cross out the words not } Occupation, Birth Place, {State or country, and how long in the United States, all in of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and Number.} Cause of Death, {First (Primary), and how long in the United States, all the above information should be furnished by the Physician. Place of Burial Counder Parth Duration of Last Sickness, all the above information should be furnished by the Physician. Place of Burial Counder Parth Date of Burial, 29 May 87 Million action of Medical standard. Place of Business, 69 Million action Address, 249 Maddient avec	Sex, Male or Female, {Cross out the word not }
Married, Single, Widow or Widower, {Cross out the words not } Occupation, Birth Place, {State or country, and how long in the United States, all in of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and Number.} Cause of Death, {First (Primary), and how long in the United States, all the above information should be furnished by the Physician. Place of Burial Counder Parth Duration of Last Sickness, all the above information should be furnished by the Physician. Place of Burial Counder Parth Date of Burial, 29 May 87 Million action of Medical standard. Place of Business, 69 Million action Address, 249 Maddient avec	Age, Years, 9 Months, Days
Duration of Residence in the City of Baltimore, Place of Death, {Give Street and Number.} Cause of Death, {First (Primary), Dight Universal Second (Immediate), Second (Immediate), Second (Immediate), Second Surial Soundary Place of Burial Soundary Park Date of Burial, Last Sickness, Many & Medical Manual Manual Second Surial Soundary Second Surial Second Surial Second Surial Second Surial Second Surial Secondary Security Second Surial Secondary Security Security Security Security Secondary Security Securi	00007,
Duration of Residence in the City of Baltimore, Place of Death, {Give Street and } 6 (5 Pace) Cause of Death, {First (Primary), Qijih Themsi Second (Immediate), Qi Thienia Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Quelow Park Date of Burial, Qg. May 87 Undertaker, Jeorge Lewis ach Place of Business, 64 M Fratt It. Address, 949 Maddient avec	Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Duration of Residence in the City of Baltimore, Place of Death, {Give Street and } 6 (5 Pace) Cause of Death, {First (Primary), Qijih Themsi Second (Immediate), Qi Thienia Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Quelow Park Date of Burial, Qg. May 87 Undertaker, Jeorge Lewis ach Place of Business, 64 M Fratt It. Address, 949 Maddient avec	Occupation,
Duration of Residence in the City of Baltimore, Place of Death, {Give Street and } 6 (5 Pace) Cause of Death, {First (Primary), Qijih Themsi Second (Immediate), Qi Thienia Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Quelow Park Date of Burial, Qg. May 87 Undertaker, Jeorge Lewis ach Place of Business, 64 M Fratt It. Address, 949 Maddient avec	Birth Place, {State or country, and how long in the United States, if of foreign birth.
Cause of Death, { First (Primary), Digita Mensel Second (Immediate), As Thenia Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Loudon Park Date of Burial, Long Lewis action (Undertaker, Jeorge Lewis action Place of Business, 647 M Fratt Its Address, 949 Maddian ave)	- CD 1 : 11 Of Raltamore
Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial Coucles Park Date of Burial, 29 May 87 [Undertaker, Jeorge Lewis acts] Place of Business, 647/M Fratt It. Address, 949 Maddies ave	Place of Death, {Give Street and }
Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial Coucles Park Date of Burial, 29 May 87 [Undertaker, Jeorge Lewis acts] Place of Business, 647/M Fratt It. Address, 949 Maddies ave	Cause of Death, { First (Primary), Symunical Castinenia (Immediate), Second (Immediate
Date of Burial, 29 May 87 { Undertaker, George Lewis ach Place of Business, 647 M Fratt Its, Address, 949 madein ave	Duration of Last Sickness,
{ Undertaker, George Lewis ach Address, 949 Madein ave) Place of Business, 647 M Fratt It Address, 949 Madein ave)	Place of Burial Coudon Carto
Place of Business, 647/W Fratt St. Address, 999 Madein deve	Date of Burial, 29 hory 87 Stillerawel M. D
	Undertaker, George Lewis ach

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish the case comes under his notice, to furn

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Bealth Bepartment, City

Train The Annual Town State of the Ward To
rmit No. A 36 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illues, is responsible for the presentation of this Certificate, accurately filled out the Undertaker or other person superintending the burial, within the My from hours, after the death of said deceased, or sooner, is the Undertaker or other person superintending the burial, within the My from hours, after the death of said deceased, or sooner, is the Undertaker or other person superintending the burial, within the My from hours, after the death of said deceased, or sooner, is the Undertaker or other person superintending the burial, within the My from hours, after the death of said deceased, or sooner, is the Undertaker or other person superintending the burial, within the My from hours, after the death of said deceased, or sooner, is
No PERMIT FOR BURIAL CAN BE COAINED WITHOUT A TRANSPORTED
MORETATION
CERTIFICATE OF DEATH.
Date of Death, May 24. 87
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of named species.}
Sex, Male or Female, (required in this line.)
Years, Months,
Color, colored
Married, Single, Widow or Widower, Cross out the words not }
*
Birth Place, {State or country, and how long in the United States, for foreign birth. By the Providence in the City of Baltimore,
Birth Place, long in the United States, Dince but Duration of Residence in the City of Baltimore,
- C D 41 (Give Street and)
(First (Primary), Congestion of Benza
Cause of Death, { First (Primary), Congestion of Second (Immediate), Ashlytia
Thurstian of Last Nickness.
Place of Burial Lanel Ormely
Date of Burial, may 287 87 1 1/15 & Summer M.
(Undertaker, Wantant En
Place of Business, For Santo Address, Joh & Bradies.
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in t
1 11 11 1 Abo good gitty it shall be the qui
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut section 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut section 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut section 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut section 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut section 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut section 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut section 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut section 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the dut section 3. And the section 3. And th
Section 2. And be it further chactes the case comes under his hotter, the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his hotter, the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his hotter, the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his hotter, the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his hotter, the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his hotter, the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his hotter, the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his hotter, and the Coroner, when the case comes under his hotter, and the Coroner, when the case comes under his hotter, and the Coroner, when the case comes under his hotter, and the case comes under his hotter, and the case comes under his hotter, and the Coroner, when the case comes under his hotter, and the case comes under his hott
and the or seemed and the seemed and

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certification.
Bealth Department, City of Baltimore.
Permit No. A 37 Office of Registres of Philal Statistics. Ward
The Physician who attended any person in a last illues is responsible for the presentation of this Certificate, accurately filled on the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, May 27. 187
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give pames of parents.
Sex, Male or Female, required in this line.
Age, Years, Months, Days.
Color, / phite
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Hous Cultu
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } // 07 // Number.
Cause of Death, Second (Immediate), Supplied Tome
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Lauffon Task
Date of Burial, Man 29 //
Undertaker, B. VH arl Medical Attendant.
Place of Business, 115 Wast Address 5/80 (Cur)

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

(Undertaker,

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificates Health Bepartment, City of esociation of this Certificate, accurately filled out, after the death of said deceases, or sooner, if The Physician who attended any person in a last allnes The Physician who attended any person in a last allness, is responsible for to the Undertaker or other person superintending the burial, within weary jour requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN DE STAINED WITHOUT Prope Certificate. Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Cross out the word not required in this line. Sex, Male or Femal Months. Days. Years,Age, Color. Widow or Widower, {Cross out the words no required in this line. Occupation,... Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and } ~ Synov First (Primary), Cause of Second (Immediate), Duration of Last Sickness, All the above information should be furnis Place of Burial, Co. Pell Date of Burial,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certain					
Bealth Department,	City	of	Baltimore.		
The Physician who attended any person in a last illness is respont, to the Undertaker or other person superintending the Maria sooner, if requested so to do, under penalty of law.	ionside for t L within twe	ne prese	hours after the death of said deceased, or		
CERTIFICA E	OF	87	EATH.		
Full Name of Deceased, { Write legibly and spell correctly. If an Infant soft named, give names }	Cha	le	s Griffith		
Sex, Male or Ferrate, {Cross out the word not } required in this line. }	0	ale	11		
Age, 7 6 Years,	wi	cite			
Occupation,	nevo	hai	it I		
Birth Place, {State or country, and how long in the United States, if of foreign birth.	A	u	life		
Place of Death, Give Street and Number.	- fai		o Embolisia		
Cause of Death, Second (Immediate),	4		Tooth h		
Duration of Last Sickness, All the above information should be furnished by the Physician.	within	- JO	menutes gattack		
Place of Burial, Jonay 29th 87		1.0	Medical Attendant.		
{ Undertaker, Howf Enterns & Some Place of Business, Park & Saratofa	Addres	s, 3	05 N frem gx		
Extract from Regulations of the Board of Health to secu	ure a full an Baltimore.	d corre	et record of the Vital Statistics in the		

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as within twenty-four hours after the death, to the Undertaker or other persons are superintending the Burial, a certificate setting forth as within twenty-four hours after the death, to the Undertaker or other persons are superintending the Burial, a certificate setting forth as within twenty-four hours after the death, to the Undertaker or other persons are superintending the Burial and the superintending the Burial and

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The Special Attention of Physicians	s is Respectfully Invited to the R	temarks below, and to	List of Diseases on Back of thi	s Cerumo.
	Bepartment,		~~ .	_
Permit No A 40	Office of Registra	p of What St	atistics. Ward	10
The Physician who attended a to the Undertaker or other person requested so to do, under penalty of No Perm	ny person in a last illness, it ests superintending the burial citam law. IT FOR BURIAL CAN BE OBTAIN	twenty four hours after	rion of this Certificate, accura- te death of said deceased, ER CERTIFICATE.	tely filled out, or sooner, if
CEF	RTIFICATE	20 GRED	ZATH.	
Date of Death, Ma	4 26/87			*
Full Name of Deceased, $\{$	Write legibly and spell correctly. If an Infant not named, give names of parents.	ue Foren	iai	
Sex, Male or Female, {Cross required.	ired in this line.			
	Years,	Months	s,	Days
Color, Colond	<u>)</u>			
Married, Single, Widow	or Widower, {Cross out the wo	ords not }		
Occupation, Some	·			
Birth Place, State or country, a	ad how States, Julio Guly	- /:	· /	
Duration of Residence in	n the City of Baltimore,	dife	•	
Place of Death, {Give Street a Number.		the a	-0	
Cause of Death,	rimary), Enversage (Immediate), Arthur			
Duration of Last Sickne	be furnished by the Physician.	*		
Place of Burial, Kan	ril content	0 3		
Date of Burial, May	39 1887	Salut	len	M. D.
(Undertaker Hese	iles Moss	(Medical Attendant.	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ind date of death.